# **Grant County Public Works**

124 Enterprise Street S.E. Ephrata, Washington 98823 (509) 754-6082 Fax (509) 754-6087 jrspiess@grantcountywa.gov



December 13, 2022

Attn: Equipment Suppliers
Re: Supply Rock Rake Teeth

# QUOTE SHALL BE RETURNED BY: 11:00 A.M., PST, January 10, 2023

Your company is requested to provide a quote to furnish and deliver Rock Rake Teeth. Further specifications are listed below.

You may print a copy of this document, enter the necessary information and return via:

E-mail: jrspiess@grantcountywa.gov

Fax: Grant County Public Works (509) 754-6087

Mail: Grant County Public Works

124 Enterprise Street S.E. Ephrata, WA 98837

Attn: John Spiess, Rock Rake Teeth

#### **Quote Evaluations**

Quote evaluations shall include, but not be limited by, the following criteria:

- Past performance of product
- Conformance to specifications
- Price (may include life cycle)
- Quality of product

# **Award of Proposal**

The Board of County Commissioners of Grant County, Washington, reserves the right to reject any and all bids. The award of this proposal, if made, may be made in whole or in part as determined to be in the best interest of Grant County.

The successful bidder will be notified by **email** of the acceptance of the proposal submitted and authorized to proceed with the work.

# **Sales Tax**

Grant County shall pay State sales and use taxes on all products purchased. The Bidder shall not include taxes in the bid price and shall show state sales taxes as a separate item in the space provided. Sales tax shall be included on invoice of purchased materials.

#### SHIPPING, DELIVERY, INSPECTION AND ACCEPTANCE

The Bidder shall include the cost for shipping to each of the locations shown below. All deliveries must be completed <u>no later than thirty calendar days</u> from date of the order. All items shall be new and the manufacturer's latest product. Deliveries must be scheduled between 8:00 A.M. to 3:00 P.M., Monday thru Thursday. If you are awarded the Quote, please call the delivery contact at least one day prior to delivery to make arrangements.

#### WARRANTY

The Bidder must state the warranty period on all items bid. Grant County may require a minimum warranty period. Within the warranty period the successful Bidder shall replace all products made necessary due to defective design, materials, workmanship, or non-conformance with the specifications.

#### **SUBMISSIONS**

Bidders are advised to submit the following with each bid item:

- a. Descriptive literature.
- b. Any other information that may assist Grant County in evaluating the bid may be added to Page 4 of 4 of this document or enclosed with this quote.

## Bidder must provide manufacturers documentation that products meet specifications

If you have questions please contact: John Spiess, (509) 754-6082, jrspiess@grantcountywa.gov

In compliance with Chapter 39.34.030(5)b RCW a public notice for this solicitation for quotes has been posted on Grant County's website: http://www.grantcountywa.gov/GCPW/RFBQS/RFBQS-Main.htm

After the Quote closing a Quote Tabulation will be posted on Grant County's website: http://www.grantcountywa.gov/GCPW/RFBQS/RFBQS-Main.htm

## **Specifications:**

The attached specifications are for the purpose of providing details regarding the type of product desired by Grant County. Equal or similar products from reputable manufacturers and suppliers are permitted. Grant County shall be the final determiner of product equivalence.

### **General Specifications:**

This quote spec is patterned after the York Rock Rake Tooth Part # 06570110.

The dimensions of the teeth are to be 5/16" x 1 ½" x 30". The teeth shall meet Rockwell Hardness, HRC 48 - 52. Dimensioning and radius shall be maintained throughout all product supplied.

Provide the cost to furnish and deliver (inclusive of shipping) F.O.B.:

Grant County Public Works 124 Enterprise Street S.E. Ephrata, WA 98823 The following items meeting the

Amount

Unit Price

specifications:

Description

6.

York Rock Rake Tooth

| Part #  | # 06570110 or equivalent   | 200           |               |  |  |      |  |  |
|---|--|---------------|---------------|--|--|------|--|--|
| Sales Tax %, do not include in Quote →                                    |  |               | Total         |  |  |      |  |  |
|   |  |               |               |  |  |      |  |  |
| Please provide the following information (additional sheets may be added) |  |               |               |  |  |      |  |  |
| Manuf   | facturer:  | Prod          | uct Name/No.: |  |  |      |  |  |
| Descri  | ption:   | Delivery ARO: |               |  |  |      |  |  |
|   |  |               |               |  |  |      |  |  |
| 1.  | The Bidder will allow Grant County to purchase additional quote items at the original bid prices offeredYes No   |               |               |  |  | _ No |  |  |
| 2.  | The Bidder will allow other public agencies to purchase additional quote items at the original prices offered (RCW 39.34)  |               |               |  |  | _ No |  |  |
| 3.  | The Bidder will allow modification on quote items for additional purchase requests (subject to wholesale price adjustments agreeable to each public agency)YesNo |               |               |  |  |      |  |  |
| 4.  | The Bidder agrees to provide extended purchase options thru January 10, 2023Yes*No   |               |               |  |  |      |  |  |
|   | *If "No" is checked please show acceptable extended purchase period  |               |               |  |  |      |  |  |
| 5.  | The Bidder understands Grant County accepts no responsibility for the payment of any additional purchase requests make by other public agenciesYes No            |               |               |  |  |      |  |  |

Quantity

200

quote items Yes No\_

The Bidder understands Grant County is not required to purchase additional

|                | PROPOSAL MUST BE SIGNED -     | <del></del>  |  |  |  |  |
|----------------|-------------------------------|--|--|--|--|--|
|                |                               | Signature of Authorized Official(s)  |  |  |  |  |
|                |                               | Please Print Name of Authorized Official(s)  |  |  |  |  |
| Firm Name      |                               | Address  |  |  |  |  |
| City, St., Zip |                               | Email  |  |  |  |  |
| Voice () _     | _                             | Fax ()   |  |  |  |  |
|                | State of Washington License N | 0  |  |  |  |  |
| Note:          |                               |  |  |  |  |  |
| (1)            |                               | oposal form is not transferable and any alteration entered heron without prior permission by the County Engineer will be cause for considering the proposal irregular and ment rejection of the quote. |  |  |  |  |

Should it be necessary to modify this proposal either in writing or by electronic means, please make reference to the following proposal in your communication: **Rock Rake Teeth 2023** 

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